

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) HURRIANE HELENE DISASTER RELIEF

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>SIGNUM 401 (K) PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>SIGNUM, LLC</u></p> <p><u>4715 SUNSET BLVD. SUITE A</u><br/><u>LEXINGTON, SC 29072-0000</u></p> <p><u>SIGNUM, LLC</u><br/><u>4715 SUNSET BLVD. SUITE A</u><br/><u>LEXINGTON, SC 29072-0000</u></p> | <p><b>1c</b> Effective date of plan<br/><u>07/01/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>57-1077604</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>803-808-1218</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>541600</u></p> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 05/01/2025 | THOMAS BARNES  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |      |
|--|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |      |
|  | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |      |
|  | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 1619 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1528 |
|  | <b>6a(2)</b>                               | 1391 |
|  | <b>6b</b>                                  | 0    |
|  | <b>6c</b>                                  | 241  |
|  | <b>6d</b>                                  | 1632 |
|  | <b>6e</b>                                  | 0    |
|  | <b>6f</b>                                  | 1632 |
|  | <b>6g(1)</b>                               | 788  |
| <b>6g(2)</b>   | 879  |      |
| <b>6h</b>  | 0  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2G 2J 2K 2T 2E 2F 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                                |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                              |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                         |
| (5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)   | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                   |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                                 |

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>SIGNUM 401 (K) PLAN</b></p>                                  | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>SIGNUM , LLC</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>57-1077604</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**JOHN HANCOCK LIFE INSUARNC COMPANY (USA) (JOHN HANCOCK USA)**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 01-0233346 | 65838         | 108998                                | 1105  | 01/01/2023              | 12/31/2023 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|  |  |
|--|--|
| <p>(a) Total amount of commissions paid<br/><b>37876</b></p> | <p>(b) Total amount of fees paid<br/><b>127248</b></p> |
|--|--|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**THE BENEFIT ADVANTAGE INC. 3497 AUBURN ROAD AUBURN HILLS, MI 48326**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|---|---------------------------------|------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose      |                       |
| 0   | 127248                          | TPA COMPENSATION | 5                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**JANNEY MONTGOMERY SCOTT, INC. 1717 ARCH STREET PHILADELPHIA, PA 19103**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                   | (e) Organization code |
|---|---------------------------------|-------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose       |                       |
| 37876   | 0                               | BROKER COMMISSION | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |          |
|--|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0        |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 39770037 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

|  |           |   |
|--|-----------|---|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--|-----------|---|

|   |              |  |
|---|--------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|   | <b>7c(2)</b> |  |
|   | <b>7c(3)</b> |  |
|   | <b>7c(4)</b> |  |
|   | <b>7c(5)</b> |  |
|   |              |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|   |           |   |
|---|-----------|---|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|---|-----------|---|

|   |              |  |
|---|--------------|--|
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|   | <b>7e(2)</b> |  |
|   | <b>7e(3)</b> |  |
|   | <b>7e(4)</b> |  |
|   |              |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|   |           |   |
|---|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|---|-----------|---|

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid.....  | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)).....  |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)).....   |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies.....  | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves.....  |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>SIGNUM 401 (K) PLAN</b>                                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SIGNUM , LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>57-1077604</b> |            |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600  
BUFFALO, NY 14201-0600

01-0233346

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---|--|--|--|---|--|
| 15 28 59<br>60 62 63<br>68 | RECORDKEEPER  | 12500  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

|                    |   |                     |              |
|--------------------|---|---------------------|--------------|
| <b>a</b> Name:     | BAUKNIGHT PIETRAS & STORMER, P.A.                 | <b>b</b> EIN:       | 57-0940019   |
| <b>c</b> Position: | ACCOUNTANT/AUDITOR                                |                     |              |
| <b>d</b> Address:  | 1501 MAIN STREET, SUITE 600<br>COLUMBUS, SC 29202 | <b>e</b> Telephone: | 803-771-8943 |

Explanation: THE PLAN SPONSOR/ADMINISTRATOR MADE A BUSINESS DECISION TO SWITCH AUDITORS

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>SIGNUM 401 (K) PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SIGNUM , LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-1077604</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                                      |   |                |
|---|--------------------------------------|---|----------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2065</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>388768</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2060</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>852662</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2055</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>1761213</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2050</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>1263322</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2045</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>2875358</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2040</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>3383811</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK LIFEPATH INDEX 2035</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>JOHN HANCOCK USA</u>              |   |                |
| <b>c</b> EIN-PN <u>01-0233346-000</u>             | <b>d</b> Entity code <u>P</u>        | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>2741014</u> |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2030 |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2917522 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX 2025 |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2092736 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH INDEX RET  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 690669  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND AGGRESSIVE  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1329399 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND GROWTH      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1316835 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND BALANCED    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5098143 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND MODERATE    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187375  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLN CONSERVATIVE  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1156430 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232580  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMG RIVER ROAD MID CAP VALUE   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |   |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 271948  |

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA EMERGING MARKETS VALUE</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>126596</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA U.S. SMALL CAP FUND</b>       |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>279005</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FINANCIAL INDUSTRIES FUND</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>109627</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK U.S. GROWTH FUND</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>785053</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>            |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>205337</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PGIM JENNISON MID CAP GROWTH</b>  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>388326</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REAL EST. SECURITIES FUND</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>223918</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE HEALTH SCI</b>      |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>139013</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE NEW ERA FUND</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>48945</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD ENERGY FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>68750</b>  |

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD EXPLORER FUND</b>            |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>149076</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD GROWTH INDEX FUND</b>        |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2729417</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SMALL CAP GROW INDEX</b>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>236016</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SMALL CAP VALUE INDEX</b>    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>285296</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>                    |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1001204</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CAPITAL WORLD GROWTH &amp; INCOME</b> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>272447</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS EUROPAC GROWTH</b>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>311450</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WASHINGTON MUTUAL INVESTORS</b>       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>719421</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA INTERNATIONAL VALUE</b>           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>179128</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EQUITY INCOME FUND</b>                |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>               |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>76041</b>   |

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON FOREIGN SMALLER CO</b>  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>73223</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TOTAL STOCK MARKET INDEX FUND</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>366657</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF CAPITAL INCOME BUILDER</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>117791</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK GLOBAL ALLOCATION</b>   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>204686</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES FUND</b>            |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>151699</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>HIGH YIELD FUND</b>               |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>338655</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK BOND FUND</b>        |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>444142</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STRATEGIC INCOME OPP FUND</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>156798</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON GLOBAL BOND FUND</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>89825</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK STABLE VAL</b>       |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>932713</b> |

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

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**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |  |
| <b>A</b> Name of plan<br><b>SIGNUM 401 (K) PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SIGNUM , LLC</b>                     | <b>D</b> Employer Identification Number (EIN)<br><b>57-1077604</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 29016                 | 28108           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 223935                | 137551          |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 88651                 | 157119          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | -7140                 | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 638522                | 660478          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 36971426              | 39770037        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| 1d Employer-related investments:                                   |       | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities .....                                      | 1d(1) |                       |                 |
| (2) Employer real property .....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation .....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e) .....      | 1f    | 37944410              | 40753293        |
| <b>Liabilities</b>   |       |                       |                 |
| g Benefit claims payable .....                                     | 1g    | 0                     | 0               |
| h Operating payables .....   | 1h    |                       |                 |
| i Acquisition indebtedness .....                                   | 1i    |                       |                 |
| j Other liabilities .....  | 1j    | 0                     | 0               |
| k Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>  |       |                       |                 |
| l Net assets (subtract line 1k from line 1f) .....                 | 1l    | 37944410              | 40753293        |

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>   |          | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| <b>a Contributions:</b>   |          |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | 2a(1)(A) | 1346234    |           |
| (B) Participants .....  | 2a(1)(B) | 3002677    |           |
| (C) Others (including rollovers) .....  | 2a(1)(C) | 347494     |           |
| (2) Noncash contributions .....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                   | 2a(3)    |            | 4696405   |
| <b>b Earnings on investments:</b>   |          |            |           |
| (1) Interest:   |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities .....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments .....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants) .....  | 2b(1)(D) |            |           |
| (E) Participant loans .....   | 2b(1)(E) | 38992      |           |
| (F) Other .....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 38992     |
| (2) Dividends:  |          |            |           |
| (A) Preferred stock .....   | 2b(2)(A) |            |           |
| (B) Common stock .....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | 2b(2)(C) |            |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                   | 2b(2)(D) |            | 0         |
| (3) Rents .....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:  |          |            |           |
| (A) Aggregate proceeds .....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions) .....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:   |          |            |           |
| (A) Real estate .....   | 2b(5)(A) |            |           |
| (B) Other .....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 5767867   |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 10503264  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 7996871 |         |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  |         |         |
| (3) Other.....  | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 7996871 |
| <b>f</b> Corrective distributions (see instructions).....                                   | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances.....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees.....  | <b>2i(2)</b>  | 14696   |         |
| (3) Recordkeeping fees.....   | <b>2i(3)</b>  | 12500   |         |
| (4) IQPA audit fees.....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 27196   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 8024067 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2479197 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  | 401634  |
| (2) From this plan .....  | <b>2l(2)</b> |  | 71948   |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RETIREMENT PLAN AUDIT SERVICES, LLC

(2) EIN: 86-1928438

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
| INSPERITY 401(K) PLAN        | 76-0178498          | 001                |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>SIGNUM 401 (K) PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SIGNUM, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>57-1077604</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 01-0233346

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|  |    |  |
|--|----|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....   | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....   | 6b |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|  |            |  |
|--|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> |  |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704379A.

|  |   |   |
|--|---|---|
| <p><b>SCHEDULE MEP<br/>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> | <p><b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2023</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|   |   |                   |
|---|---|-------------------|
| <p><b>A</b> Name of plan<br/><b>SIGNUM 401 (K) PLAN</b></p>   | <p><b>B</b> Three-digit Plan number (PN) ..... ▶</p>      | <p><b>001</b></p> |
| <p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br/><b>SIGNUM , LLC</b></p> | <p><b>D</b> Administrator's EIN<br/><b>57-1077604</b></p> |                   |

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| <b>2a</b> Name of Participating Employer<br><b>A L FELDER FARMS, INC.</b>    | <b>2b</b> EIN<br><b>57-0696101</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>1.00</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>217498</b> |
| <b>2a</b> Name of Participating Employer<br><b>A L FELDER TRUCKING, INC.</b> | <b>2b</b> EIN<br><b>57-1028776</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>0.00</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>0</b>      |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|  |           |  |
|--|-----------|--|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?  | <b>2e</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |  |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.  | <b>2g</b> |  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**Schedule MEP (2023)  
v. 230728**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer                       | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|------------|--|--|
| ABLES LANDSCAPES  | 57-0946269 | 1.00   | 239727   |
| ACE CONSTRUCTION CO., INC.                              | 57-0804313 | 2.00   | 826564   |
| APPLIANCE PRO, LLC                                      | 87-2742041 | 0.00   | 21068  |
| BEGINNINGS FOR PARENTS OF CHILDREN<br>DBA BEGINNINGS SC | 46-0605246 | 0.00   | 0  |
| BILT RITE CORPORATION                                   | 57-0530622 | 2.00   | 501433   |
| BUCK BRANCH FARMS LLC                                   | 84-1936735 | 0.00   | 0  |
| POWERED UP PASTURES, LLC                                | 84-3650193 | 0.00   | 397  |
| BUFFMASTERS CARWASH, LLC                                | 85-2544399 | 1.00   | 64793  |
| CAPITOL BUS LINES, INC.                                 | 57-0770594 | 2.00   | 328934   |

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| CAPITOL TOURS, LLC                | 81-3024860 | 0.00   | 183293   |
| CAR DOCTORS, LLC                  | 83-1439177 | 0.00   | 0  |
| CARGO SOLUTIONS, LLC              | 84-1646847 | 2.00   | 7553   |
| CENTRAL GLASS OF SC LLC           | 47-5334386 | 1.00   | 10689  |
| CLARK LAW FIRM, LLC               | 85-3321683 | 0.00   | 0  |
| COBLE & COMPANY, LLC              | 26-1332938 | 1.00   | 57048  |
| THE DIAL FIRM, LLC                | 84-4425504 | 3.00   | 142149   |
| COMPASS COLOR & COATING, LLC      | 82-1173651 | 1.00   | 172588   |
| CONTEMPORARY POOL WORKS           | 27-4151390 | 2.00   | 0  |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| CROFT CELEBRATIONS                | 83-4041991 | 0.00   | 0  |
| CRYSTALLINE PRODUCTS, INC.        | 50-7899743 | 0.00   | 129349   |
| DAVIS DOCK AND DOOR, LLC          | 27-3844921 | 0.00   | 0  |
| D&D LABORATORY, LLC               | 51-0515000 | 1.00   | 172524   |
| DAG DBA VILLAGE STATION           | 58-2004388 | 2.00   | 1323227  |
| LOW COUNTRY GOLF CARS             | 27-0443890 | 1.00   | 34286  |
| DARLINGTON VENEER COMPANY         | 57-0150530 | 6.00   | 2223689  |
| DIAMOND HILL PLYWOOD CO, INC.     | 57-0150530 | 8.00   | 0  |
| DEESE AND COMPANY, LLC            | 85-1670724 | 0.00   | 27312  |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-------------------------------------|------------|--|--|
| DIAMOND MANAGEMENT, INC.            | 57-1098815 | 0.00   | 87240  |
| DISCOUNT CHECK CASHERS, LLC         | 69-0000445 | 0.00   | 300745   |
| DISTINCTIVE OUTDOORS                | 45-3199622 | 0.00   | 0  |
| EDWARD C. DAVIS, DMD, PA            | 57-1114024 | 3.00   | 812651   |
| FITNESS RX, LLC                     | 27-3407922 | 0.00   | 130506   |
| FLAGSHIP SIGNS, LLC                 | 86-3304711 | 1.00   | 0  |
| FRAZIERS 3, LLC                     | 27-3684141 | 0.00   | 0  |
| G & G OF SC DEVELOPMENT             | 20-8712172 | 0.00   | 130506   |
| G.N. WALLACE INSURANCE AGENCY, INC. | 57-1012811 | 0.00   | 189663   |

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| GASQUE & ASSOC                    | 57-0922479 | 0.00   | 391237   |
| GIRA STEEL                        | 57-1051997 | 1.00   | 394164   |
| GREEN ACRES SERVICES, INC.        | 57-1046368 | 0.00   | 486778   |
| HAWTHORNE AIKEN PHARMACY, LLC     | 81-1869720 | 11.00  | 0  |
| HAWTHORNE CAMDEN PHARMACY, LLC    | 03-0414592 | 0.00   | 15126  |
| HAWTHORNE LUGOFF PHARMACY, LLC    | 27-0932899 | 0.00   | 25911  |
| HAWTHORNE MEDICAL EQUIPMENT, INC. | 57-0723857 | 0.00   | 53283  |
| HAWTHORNE PELION PHARMACY, INC.   | 83-2767958 | 0.00   | 162818   |
| HAWTHORNE PHARMACY - SUNSET, INC. | 20-2147719 | 0.00   | 39725  |

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| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| HAWTHORNE PHARMACY, INC.               | 57-0295761 | 0.00   | 447635   |
| HAWTHORNE WINNSBORO PHARMACY, INC.     | 81-4086395 | 0.00   | 24378  |
| LAUREL PHARMACY, INC.                  | 57-0468168 | 0.00   | 28438  |
| HEARTLINE TRANSPORT SERVICES           | 27-2538174 | 0.00   | 0  |
| HERITAGE PRESERVATION TRUST, INC.      | 81-5237557 | 2.00   | 373780   |
| IRMO LOCK COMPANY, INC.                | 57-0895746 | 2.00   | 229706   |
| JACKSON STEEL, INC.                    | 56-1033287 | 2.00   | 885066   |
| JONES BROTHERS TRANSPORT OF SC II, LLC | 46-2668854 | 0.00   | 535  |
| JORDON & SONS PLUMBING, INC.           | 58-2351036 | 0.00   | 4726   |

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| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---------------------------------------|------------|--|--|
| JR FALLAW MECHANICAL SERVICES, LLC    | 46-5374357 | 1.00   | 0  |
| JS CONSTRUCTION SERVICES, INC         | 57-1018100 | 3.00   | 585198   |
| KBH SOLUTIONS, LLC                    | 26-3423376 | 1.00   | 16731  |
| KEN OLIVER & ASSOCIATES               | 57-1047294 | 1.00   | 611334   |
| KHA HOLDINGS, LLC                     | 84-1727166 | 1.00   | 103312   |
| LARNER'S OFFICE FURNITURE OUTLET, LLC | 51-0542964 | 0.00   | 0  |
| LEISURE DEPOT, LLC                    | 56-2126115 | 3.00   | 606943   |
| LIFELONG STRONG, LLC                  | 85-2556170 | 0.00   | 15262  |
| M.B. ELECTRIC COMPANY, INC.           | 57-0780221 | 0.00   | 0  |

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**Part II Participating Employer Information (Continued).**

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

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| 2a Name of Participating Employer   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-------------------------------------|------------|--|--|
| MCCUTCHEN MCLEAN, LLC               | 82-5091634 | 1.00   | 46568  |
| MID CAROLINA CLUB                   | 57-0508874 | 0.00   | 33627  |
| MINOR HAIGHT & ARUNDELL             | 57-0995285 | 0.00   | 37535  |
| MOBLEY DRUGS, INC.                  | 57-0720150 | 1.00   | 244910   |
| OLIPHANT & CO., INC.                | 57-0513379 | 0.00   | 0  |
| PALMETTO AMUSEMENTS                 | 30-0480816 | 0.00   | 0  |
| PINCKNEY BROTHERS                   | 87-0705645 | 1.00   | 995884   |
| PTI PLASTIC & RUBBER GASKET, INC    | 36-4772650 | 2.00   | 168397   |
| QUACKT GLASS OF NORTH CAROLINA, LLC | 86-2046855 | 2.00   | 410  |

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| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| QUACKT GLASS, LLC                      | 20-0571170 | 0.00   | 364662   |
| RACEWAY AUTOMOTIVE OF HARTSVILLE, INC. | 01-0563762 | 2.00   | 746  |
| RACEWAY AUTOMOTIVE, INC.               | 57-1102202 | 0.00   | 261704   |
| RED DOT HOUSE MANAGEMENT, LLC          | 61-1799422 | 0.00   | 27049  |
| RELIABLE TECHNOLOGY SOLUTIONS, LLC     | 27-2017204 | 1.00   | 41450  |
| RHSC DEVELOPMENT                       | 20-0059497 | 2.00   | 342814   |
| SCHUBERT & SALZAR, INC.                | 58-2494857 | 3.00   | 1146890  |
| SCSC DEVELOPMENT                       | 20-0060228 | 2.00   | 393138   |
| SIGNUM LLC                             | 57-1077604 | 2.00   | 830420   |

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| SMOOTH WATERS PLUMBING            | 47-4234201 | 0.00   | 0  |
| SOUTHEASTERN SAND COMPANY, LLC    | 83-2055878 | 0.00   | 88092  |
| SPLASH OMIMEDIA, LLC              | 26-1374318 | 0.00   | 210097   |
| STEPHENS SERVICES, LLC            | 37-1880456 | 1.00   | 0  |
| THE MOVING SQUAD, LLC             | 83-3056023 | 0.00   | 0  |
| THE SIDE DECK                     | 82-0741855 | 0.00   | 0  |
| THOMPSON BUILDING WRECKING CO.    | 58-1036432 | 2.00   | 1179989  |
| THORNLEY'S SERVICE, INC.          | 57-0516919 | 1.00   | 543457   |
| TIDES OF LIFE HOME CARE, LLC      | 88-1237659 | 0.00   | 96   |

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| VANDER MEER TENNIS UNIVERSITY     | 94-2290108 | 0.00   | 312631   |
| VERITAS HEALTH GROUP, LLC         | 30-1144994 | 0.00   | 0  |
| WATSON ARBOR SERVICE              | 85-1495342 | 0.00   | 0  |
| WEBB CONSTRUCTION                 | 58-2454780 | 2.00   | 621441   |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |
|                                   |            |  |  |

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|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|---|

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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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**SIGNUM**  
**401(K) PLAN**

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Financial Statements  
December 31, 2023 and 2022

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Plan Management, Board of Directors, Trustee, and Participants of  
Signum 401(k) Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements

We have performed an audit of the accompanying financial statements of **Signum 401(k) Plan (Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of **December 31, 2023**, the related statement of changes in net assets available for benefits for the year ended **December 31, 2023**, and the related notes to the financial statements (2023 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section—

- the amounts and disclosures in the 2023 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2023 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the

information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2023 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2023 financial statements.

### **Responsibilities of Management for the 2023 Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the 2023 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2023 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2023 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter – 2023 Supplementary Schedule Required by ERISA**

The supplementary Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Other Matter – Auditor’s Report on the 2022 Financial Statements**

Predecessor auditors performed an audit of the 2022 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated February 13, 2024 indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Retirement Plan Audit Services, LLC*

Freeland, Michigan

April 30, 2025

## Signum 401(k) Plan

### Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

---

|  | <u>2023</u>          | <u>2022</u>          |
|--|----------------------|----------------------|
| <b><u>Assets</u></b>                       |                      |                      |
| Investments, at fair value (see note C)    | \$ 39,770,037        | \$ 36,971,426        |
| Receivables:                               |                      |                      |
| Employee contribution receivable           | 157,119              | 88,651               |
| Employer contribution receivable           | 137,551              | 203,858              |
| Other employer contribution receivable     | -                    | 20,077               |
| Notes receivable from participants         | 660,478              | 638,522              |
| Total receivables                          | <u>955,148</u>       | <u>951,108</u>       |
| Cash                                       | <u>28,108</u>        | <u>29,016</u>        |
| Total assets                               | <u>40,753,293</u>    | <u>37,951,550</u>    |
| <b><u>Liabilities</u></b>                  |                      |                      |
| Amounts payable to participants and others | <u>-</u>             | <u>7,140</u>         |
| Net assets available for benefits          | <u>\$ 40,753,293</u> | <u>\$ 37,944,410</u> |

# Signum 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

---

### Additions

|  |    |                   |
|--|----|-------------------|
| Net appreciation (depreciation) in fair value of investments | \$ | 5,767,867         |
| Interest income on notes receivable from participants        |    | 38,992            |
| Contributions:   |    |                   |
| Employee contributions                                       |    | 3,002,677         |
| Employer contributions                                       |    | 1,346,234         |
| Rollover contributions                                       |    | 347,494           |
| Total contributions  |    | <u>4,696,405</u>  |
| Total additions (subtractions)                               |    | <u>10,503,264</u> |

### Deductions

|   |  |                  |
|---|--|------------------|
| Benefits paid to participants                   |  | 7,996,871        |
| Administrative expenses                         |  | <u>27,196</u>    |
| Total deductions                                |  | <u>8,024,067</u> |
| Change in net assets available for benefits     |  | 2,479,197        |
| Transfer of assets into the Plan (see note A)   |  | 401,634          |
| Transfer of assets out of the Plan (see note A) |  | (71,948)         |

### Net assets available for benefits

|                        |    |                          |
|------------------------|----|--------------------------|
| Beginning of plan year |    | <u>37,944,410</u>        |
| End of plan year       | \$ | <u><u>40,753,293</u></u> |

# Signum 401(k) Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### NOTE A – DESCRIPTION OF PLAN

The following description of Signum 401(k) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

##### General

Signum, LLC (plan sponsor/administrator) is a professional employer organization (PEO) that provides services to a variety of different employers, many of which have adopted the Plan (participating employer). Therefore, the Plan is a multiple employer defined contribution plan covering substantially all employees of the participating employers who have met the age and service requirements as defined in each employer's participation agreement. The Plan was originally effective July 1, 1999. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### Transfer of Assets into/out of the Plan

In 2023, Wolfe Solutions (participating employer) transferred assets out of the Plan (\$71,948 into the "Inspirity 401(k) Plan").

In 2023, "Central Glass of SC, LLC", "Contemporary Pool Works, LLC", and "Deese and Company, LLC" became participating employers in the Plan. Significant assets from "Central Glass of SC, LLC 401(k) Plan" (\$48,907), "Contemporary Pool Works, LLC 401(k) Profit Sharing Plan and Trust" (\$337,205), and "Deese and Company, LLC 401(k) Plan" (\$15,522) were transferred to the Plan.

##### Contributions

Each year, participants may contribute (employee contributions) up to the maximum allowed by the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). As defined in each employer's participation agreement, a safe harbor contribution is commonly provided; certain participating employers allow for an additional discretionary contribution (employer contributions). Participants direct the investment of these contributions into various investment options offered by the Plan.

##### Participant Accounts

Each participant's account is credited with participant contributions, and allocations of earnings (losses), administrative expenses, etc. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# Signum 401(k) Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### Vesting

Participants are immediately vested in their voluntary and employer safe harbor contributions plus actual earnings thereon. Vesting in any other employer contributions plus actual earnings thereon is based on years of continuous service and a vesting schedule as defined in each employer's participation agreement. A year of service is earned for vesting purposes upon completing 1,000 hours of service during a plan year.

#### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

#### Payment of Benefits

Upon termination of service, a participant may elect to receive their vested account balance. Distributions are made as a lump sum. Under certain circumstances, a participant may be able to elect a distribution prior to termination of service. If a participant has a financial hardship or once a participant reaches the age 59 ½, they can elect a distribution.

#### Forfeited Accounts

At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$28,108 and \$29,016, respectively. These accounts are used to reduce employer contributions, and/or pay administrative expenses of the Plan. During the plan year ended December 31, 2023, no significant funds were used in these accounts.

### **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

#### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

# Signum 401(k) Plan

## Notes to Financial Statements

### December 31, 2023 and 2022

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#### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the Plan's custodian, record-keeper, investment adviser, and insurance company. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation / depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the plan year.

#### Contributions Receivable

Contributions receivable include employee and employer contributions receivable. An allowance for uncollectible contributions receivable is not recorded since the full balance is considered collectible.

#### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2023 and 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

#### Payment of Benefits

Benefits are recorded when paid.

#### Expenses

Certain expenses of maintaining the Plan are paid by the plan sponsor and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation / depreciation in fair value of investments. Certain fees relating to the administration of notes receivable from participants, processing withdrawals, etc. are included in administrative expenses and charged directly to the participant's account.

#### Date of Management's Review of Subsequent Events

Subsequent events were evaluated through April 30, 2025, which is the date the financial statements were available to be issued.

**Signum 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**NOTE C – FAIR VALUE MEASUREMENTS**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no changes in the methods used to measure fair value at December 31, 2023 and 2022.

*Pooled Separate Accounts (Not Classified)*

The fair value of pooled separate accounts is based on the net asset value (NAV) of units as reported by the fund. The NAV is used as a practical expedient to estimate fair value, which is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The following table sets forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2023 and 2022.

|                                 | <u>Fair Value Measurements at the End of the Reporting Period Using:</u> |                |                |                |
|---------------------------------|--|----------------|----------------|----------------|
|                                 | <u>Fair value</u>  | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> |
| <b><u>December 31, 2023</u></b> |  |                |                |                |
| Investments measured at NAV (a) | <u>\$ 39,770,037</u>   | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ -</u>    |
| <b><u>December 31, 2022</u></b> |  |                |                |                |
| Investments measured at NAV (a) | <u>\$ 36,971,426</u>   | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ -</u>    |

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

**Signum 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2023 and 2022. There are no redemption restrictions for these investments.

|                                 | <u>Fair Value</u>    | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|---------------------------------|----------------------|---------------------------------|---------------------------------|-------------------------------------|
| <b><u>December 31, 2023</u></b> |                      |                                 |                                 |                                     |
| Pooled separate accounts        | \$ <u>39,770,037</u> | N/A                             | Daily                           | None                                |
| <b><u>December 31, 2022</u></b> |                      |                                 |                                 |                                     |
| Pooled separate accounts        | \$ <u>36,971,426</u> | N/A                             | Daily                           | None                                |

The investments noted above include many different fund types that have particular investment strategies. The Plan's investments include the following: **(1) stable value fund** - seeks to preserve capital and achieve stable returns **(2) index funds** - seeks to reproduce returns of a specific index **(3) income funds** - seeks to provide income and some appreciation **(4) target date retirement funds** - seeks to provide an asset allocation based on the investor's targeted retirement date (asset allocation becomes more conservative as the target retirement date is approached) **(5) risk based funds** - seeks to provide an asset allocation based on the investor's risk tolerance **(6) growth funds** - seeks to provide growth / appreciation of capital (primarily invests in common stocks)

**NOTE D – CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary schedule, including investments held at December 31, 2023 and 2022, and net appreciation / depreciation in fair value of investments (investment income) for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (the custodian of the Plan).

**NOTE E – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS**

Certain plan investments are managed by John Hancock Life Insurance Company. John Hancock Life Insurance Company is the custodian and record-keeper of the Plan. The Plan also has "Notes Receivable from Participants" (participant loans). These transactions qualify as party-in-interest transactions.

John Hancock also received payments from the Plan for services provided, such as for record-keeping, administration, etc. Direct fees totaled \$12,500 during the plan year ended December 31, 2023. Additional fees were paid indirectly and netted with investment income.

## **Signum 401(k) Plan**

### **Notes to Financial Statements**

#### **December 31, 2023 and 2022**

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The Benefit Advantage, Inc. received payments from the Plan for third-party administration services. Direct fees totaled \$14,696 during the plan year ended December 31, 2023. Additional fees were paid indirectly by the record-keeper of the Plan.

Janney Montgomery Scott, Inc. received indirect compensation for investment advisory services.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE F – PLAN TERMINATION**

Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts.

#### **NOTE G – TAX STATUS**

The Plan adopted a prototype plan sponsored by The Benefit Advantage, Inc. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS), dated November 30, 2020, indicating that it is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

#### **NOTE H – RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

#### **NOTE I – INTERNAL REVENUE SERVICE (IRS) EXAMINATION**

The IRS conducted an examination of the Plan for plan years 2016-2021. On April 4, 2024, the IRS approved and signed the closing agreement, which addressed the resolution of two errors and plan sponsor payment to the U.S. Treasury. As a result, the IRS agreed to treat the Plan as if it had complied.

# Signum 401(k) Plan

Schedule of Assets (Held at End of Year)

December 31, 2023

PN: 001  
EIN: 57-1077604

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b)                                 | (c)                              | (d) | (e)        |
|-----|-------------------------------------|----------------------------------|-----|------------|
|     |                                     | <b>Pooled separate accounts:</b> |     |            |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2065    |     | \$ 388,768 |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2060    |     | 852,662    |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2055    |     | 1,761,213  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2050    |     | 1,263,322  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2045    |     | 2,875,358  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2040    |     | 3,383,810  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2035    |     | 2,741,014  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2030    |     | 2,917,522  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index 2025    |     | 2,092,736  |
| *   | John Hancock Life Insurance Company | BlackRock LifePath Index Ret     |     | 690,669    |
| *   | John Hancock Life Insurance Company | JH Lifestyle Blend Aggressive    |     | 1,329,399  |
| *   | John Hancock Life Insurance Company | JH Lifestyle Blend Growth        |     | 1,316,835  |
| *   | John Hancock Life Insurance Company | JH Lifestyle Blend Balanced      |     | 5,098,143  |
| *   | John Hancock Life Insurance Company | JH Lifestyle Blend Moderate      |     | 187,375    |
| *   | John Hancock Life Insurance Company | JH Lifestyle Bln Conservative    |     | 1,156,430  |
| *   | John Hancock Life Insurance Company | American Funds SMALLCAP World    |     | 232,580    |
| *   | John Hancock Life Insurance Company | AMG River Road Mid Cap Value     |     | 271,948    |
| *   | John Hancock Life Insurance Company | DFA Emerging Markets Value       |     | 126,596    |
| *   | John Hancock Life Insurance Company | DFA U.S. Small Cap Fund          |     | 279,005    |
| *   | John Hancock Life Insurance Company | Financial Industries Fund        |     | 109,627    |
| *   | John Hancock Life Insurance Company | John Hancock U.S. Growth Fund    |     | 785,053    |
| *   | John Hancock Life Insurance Company | Mid Cap Index Fund               |     | 205,337    |
| *   | John Hancock Life Insurance Company | PGIM Jennison Mid Cap Growth     |     | 388,326    |
| *   | John Hancock Life Insurance Company | Real Est. Securities Fund        |     | 223,918    |
| *   | John Hancock Life Insurance Company | T. Rowe Price Health Sci         |     | 139,013    |
| *   | John Hancock Life Insurance Company | T. Rowe Price New Era Fund       |     | 48,945     |
| *   | John Hancock Life Insurance Company | Vanguard Energy Fund             |     | 68,749     |
| *   | John Hancock Life Insurance Company | Vanguard Explorer Fund           |     | 149,076    |
| *   | John Hancock Life Insurance Company | Vanguard Growth Index Fund       |     | 2,729,417  |
| *   | John Hancock Life Insurance Company | Vanguard Small Cap Grow Index    |     | 236,016    |
| *   | John Hancock Life Insurance Company | Vanguard Small Cap Value Index   |     | 285,296    |
| *   | John Hancock Life Insurance Company | 500 Index Fund                   |     | 1,001,204  |
| *   | John Hancock Life Insurance Company | Capital World Growth & Income    |     | 272,447    |
| *   | John Hancock Life Insurance Company | American Funds EuroPac Growth    |     | 311,450    |
| *   | John Hancock Life Insurance Company | Washington Mutual Investors      |     | 719,421    |
| *   | John Hancock Life Insurance Company | DFA International Value          |     | 179,128    |

# Signum 401(k) Plan

Schedule of Assets (Held at End of Year)

December 31, 2023

PN: 001  
EIN: 57-1077604

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

| (a) | (b)                                 | (c)                             | (d) | (e)                  |
|-----|-------------------------------------|---------------------------------|-----|----------------------|
| *   | John Hancock Life Insurance Company | Equity Income Fund              |     | \$ 76,041            |
| *   | John Hancock Life Insurance Company | Templeton Foreign Smaller Co    |     | 73,223               |
| *   | John Hancock Life Insurance Company | Total Stock Market Index Fund   |     | 366,657              |
| *   | John Hancock Life Insurance Company | AF Capital Income Builder       |     | 117,791              |
| *   | John Hancock Life Insurance Company | BlackRock Global Allocation     |     | 204,686              |
| *   | John Hancock Life Insurance Company | MFS Utilities Fund              |     | 151,698              |
| *   | John Hancock Life Insurance Company | High Yield Fund                 |     | 338,655              |
| *   | John Hancock Life Insurance Company | John Hancock Bond Fund          |     | 444,142              |
| *   | John Hancock Life Insurance Company | Strategic Income Opp Fund       |     | 156,798              |
| *   | John Hancock Life Insurance Company | Templeton Global Bond Fund      |     | 89,825               |
| *   | John Hancock Life Insurance Company | John Hancock Stable Val         |     | 932,713              |
|     |                                     | <b>Total</b>                    |     | <u>\$ 39,770,037</u> |
| *   | Participant loans                   | Interest rates - 4.25% to 9.50% | -0- | <u>\$ 660,478</u>    |

(a) - an asterisk in this column identifies a known party-in-interest.

(b) - identify of issue, borrower, lessor, or similar party.

(c) - description of investment including maturity date, rate of interest, collateral, par, or maturity value.

(d) - cost; information not required for participant-directed investments.

(e) - current value.